

EXHIBIT 3

Highly Confidential Craig Landau, MD - November 24, 2020

1

1 UNITED STATES BANKRUPTCY COURT
2 SOUTHERN DISTRICT OF NEW YORK
3 Chapter 11 - Case No. 19-23649 (RDD)

4

5 -----

6 In re:

7 PURDUE PHARMA L.P., et al.,
8 Debtors.

9 -----

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14 HIGHLY CONFIDENTIAL

15 REMOTE DEPOSITION OF CRAIG LANDAU, MD

16 NOVEMBER 24, 2020 - 8:30 A.M. EST

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25 JOB NO. 2020-89913

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2 few Purdue R&D people at scientific
3 meetings during my time at Knoll.

4 Sorry. There is lots of
5 background noise here.

6 I had met folks from
7 Purdue at one or another scientific
8 meeting, and when I learned that the
9 parent company of Knoll was divesting
10 the pharmaceutical business, I
11 leveraged contacts that I had
12 established and the company was
13 interested in me and offered me a
14 position.

15 Q Who were the individuals
16 you had met at Purdue before you came
17 to work at Purdue?

18 A I think my primary --
19 primary contact was a gentleman by the
20 name of Peter Lacouture and there was
21 another person, physician. I believe
22 her name was Ellen McCroskey.

23 Q Who were the contacts that
24 you leveraged in the process of coming
25 to work at Purdue?

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2 A Peter Lacouture primarily.

3 Q What was your title in

4 your first job at Purdue?

5 A I believe it was associate
6 medical director in clinical research.

7 Q And what were your primary
8 responsibilities in that position?

9 A I was recruited to Purdue
10 for a very specific role, which was to
11 help guide the development of a
12 non-opioid analgesic to be used in the
13 perioperative environment to limit the
14 use or obviate the use of opioid
15 medicines in that environment.

16 Q You referred to an
17 "environment."

18 Could you just say that
19 term again, the environment?

20 A I was referring to the
21 perioperative environment, before,
22 during and after an operating room
23 step for postoperative pain.

24 Q Was the development of
25 that analgesic successful?

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2 A Sadly not.

3 Q How long did you work on
4 that responsibility?

5 A I would estimate at this
6 point about a year and a half or so.

7 Q Who was your supervisor
8 during that work?

9 A My initial supervisor was
10 Peter Lacouture, a person that guided
11 my entry into the company.

12 Q Who was your supervisor
13 after Peter Lacouture?

14 A I am not 100 percent
15 certain, but I believe it was -- I
16 believe it was either -- well, I am
17 not certain. There were a few people
18 involved. I can't be certain.

19 Q Who was the CEO of Purdue
20 when you started work there?

21 A I believe the CEO was Mr.
22 Michael Friedman, but I -- again, I
23 can't be sure. I wasn't operating at
24 that level.

25 Q Had you met Mr. Friedman

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2 subject of which is REMS, short for
3 risk evaluation mitigation strategy.

4 Q During what period of time
5 did you work on REMS at Purdue?

6 A I believe the initial
7 involvement I had on REMS began soon
8 after I was -- I assumed
9 responsibility for the risk management
10 and epidemiology and regulatory
11 affairs function sometime in 2008. So
12 that was when it began, yes.

13 Q And how long did it
14 continue?

15 A It continued in some form
16 until some time prior to my departure
17 from the US to the Canadian
18 organization in mid-2013. My role had
19 changed over that period of time,
20 given the evolution of REMS, but I had
21 remained involved over that period.

22 Q What was your job title at
23 Purdue in the United States just
24 before you left to Canada?

25 A I don't believe it had

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2 changed or changed materially since
3 the last title I was asked about in
4 2008 or so. I would have to look at
5 my CV or be reminded.

6 Q What were your main job
7 responsibilities at Purdue in the
8 United States just before you left to
9 go to Canada?

10 A So my main
11 responsibilities were -- were
12 overseeing and advancing the R&D
13 pipeline. Basically developing
14 medicines, interacting with FDA, our
15 Health Authority, you know, helping to
16 create suitable and appropriate
17 regulatory strategies, making certain
18 the organization was responsive to FDA
19 on all levels, making certain our
20 vital functions, including our risk
21 management and epidemiology function,
22 were well-funded and equipped and had
23 everything they needed, you know, to
24 do what was necessary both for the
25 company and for the public health.

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2 And finally, I would say
3 searching for ways to improve our
4 understanding and ultimately our
5 approach to the practice of pain and
6 managing risk through the pursuit of
7 initiatives like objective measures of
8 pain and response to therapy,
9 objective measures of compliance with
10 medications, including, but not
11 limited to, opioids. So a pretty
12 broad portfolio, but all science
13 based.

14 Q Did you personally
15 interact with the FDA?

16 A Yes.

17 Q Who were your primary
18 contacts at the FDA?

19 MS. IMES: Are you focused
20 on just before he went to
21 Canada, Sandy?

22 MR. ALEXANDER: Yes. Thank
23 you, Ms. Imes.

24 THE WITNESS: Yeah. The
25 company's primary contacts

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2 which, of course, were my
3 primary contacts, were the
4 division director and project
5 manager for the division of
6 analgesic and addiction
7 products, and that changed over
8 time depending upon the year
9 you're focused on.

10 BY MR. ALEXANDER:

11 Q Do you recall the names of
12 any of the individuals who held that
13 position in the period before you left
14 to go to Canada?

15 A Yes, very well. They're
16 all very smart people. Cynthia
17 McCormick -- Dr. Cynthia McCormick
18 early on. Dr. Bob Rappaport following
19 her. And Dr. Sharon Hertz following
20 Bob.

21 Q Did you ever work with
22 Dr. Curtis Wright at Purdue?

23 A Yes.

24 Q What work did you do with
25 Dr. Wright?

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2 A This was quite sometime
3 ago. But I believe Dr. Wright was in
4 a much higher level position and, you
5 know, overseeing multiple programs
6 through other individuals. I am not
7 certain I ever reported directly to
8 Dr. Wright.

9 Q When Purdue's first
10 criminal conviction happened in 2007,
11 you had been working at Purdue for
12 approximately eight years; is that
13 correct?

14 A Yes.

15 Q You were aware of the
16 criminal conviction about the time it
17 happened in 2007, correct?

18 A Yes.

19 Q How did you feel about the
20 criminal conviction at the time?

21 A Regret. Surprise, since
22 in my understanding, the basis for the
23 conviction was from matters that I
24 wasn't involved in obviously. And a
25 bit of embarrassment.

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2 Q You say you felt regret.

3 Why did you feel regret?

4 A On behalf of the company
5 who, you know, admitted to a set of
6 wrongdoing. And as part of the
7 company, I felt regret.

8 Q Did you feel that it was a
9 serious matter at the time?

10 A Of course.

11 Q Are you aware that Purdue
12 paid about \$700 million in the
13 settlement at that time?

14 A Yes, I am.

15 Q Do you think that was a
16 fair settlement?

17 MS. IMES: Object to form.

18 THE WITNESS: I would have
19 no -- no experience, no basis to
20 make any determination on that

21 --

22 (Simultaneous Crosstalk.)

23 BY MR. ALEXANDER:

24 Q And did --

25 A Go ahead.

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2 Q Sorry. We have been doing
3 a pretty good job not interrupting
4 each other so far.

5 A So far.

6 MR. ALEXANDER: Mr. Suarez,
7 could you please pull up
8 document MA-01. This is a
9 public document and has no Bates
10 number.

11 THE WITNESS: Is this one
12 of the documents I was furnished
13 with?

14 MR. ALEXANDER: Yes,
15 Dr. Landau. All of the
16 documents that I will be asking
17 you about you also have in hard
18 copy, and I believe it will be
19 labeled MA-01.

20 THE WITNESS: Is it okay if
21 I pull it out now? Is that
22 right?

23 MR. ALEXANDER: Yes, that's
24 fine.

25 And we will have this

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2 have no recollection based on
3 anything other than what I would
4 have discussed with counsel.

5 BY MR. ALEXANDER:

6 Q Are you aware that
7 Purdue's board has formed a special
8 committee?

9 A Yes.

10 Q Have you been interviewed
11 by the special committee?

12 A Not to my knowledge.

13 MR. ALEXANDER: Mr. Suarez,
14 you can take this exhibit down.

15 BY MR. ALEXANDER:

16 Q Dr. Landau, you are aware
17 that there is an opioid crisis in
18 America, correct?

19 A Yes, I am.

20 Q And you are aware that the
21 lawsuits against Purdue include
22 allegations that Purdue caused much of
23 the opioid crisis, correct?

24 A I believe I am aware of
25 that, yes.

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2 Q Have you ever tried to
3 figure out whether Purdue caused the
4 opioid crisis?

5 MS. IMES: Object to form.

6 THE WITNESS: I wonder at
7 times. But causation, from a
8 legal perspective, is -- is
9 something best left to those
10 with the experience or expertise
11 to consider.

12 My view is that the answer
13 is while our products, one or
14 another product has been the
15 subject of a significant abuse,
16 misuse, and diversion with
17 consequences, that Purdue did
18 not cause the opioid crisis.

19 The crisis is complex and
20 multi-factorial. It's
21 acknowledged to have multiple
22 factors needing to be
23 considered, whether they be
24 sociological, financial, or
25 economical behavior, or

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2 biologic, access to healthcare,
3 and others. It's a tragedy no
4 matter how you slice it, and we
5 are doing our best to address
6 it.

7 BY MR. ALEXANDER:

8 Q Dr. Landau, I notice that
9 you mentioned that the product has
10 been subject to abuse, misuse, and
11 diversion; is that correct?

12 A Yes, that is correct.

13 Q But you did not mention
14 addiction, did you?

15 A Not in that --

16 MS. IMES: Objection to
17 form.

18 THE WITNESS: I don't
19 believe I mentioned addiction in
20 the previous testimony, but that
21 is true as well.

22 BY MR. ALEXANDER:

23 Q You didn't mention opioid
24 use disorder, did you?

25 A I don't believe I did.

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2 Q Has Purdue deliberately
3 tried to divert attention from the
4 addictiveness of its opioids?

5 MS. IMES: Objection.

6 THE WITNESS: In my
7 opinion, absolutely not, save
8 for what has been admitted to in
9 2007 in the Western District of
10 Virginia, which the subject of
11 which was misbranding by -- I
12 don't know how it's phrased -- a
13 handful of individuals, and I
14 won't recite what I know about
15 that admission.

16 We have not, as a company,
17 since that time, done what you
18 are suggesting.

19 BY MR. ALEXANDER:

20 Q Has Purdue implemented a
21 strategy of framing the opioid
22 epidemic as a crisis of abuse?

23 MS. IMES: I'm sorry. I
24 missed -- I'm sorry. A crisis
25 of abuse you said?

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2 stand by our patients" program, did
3 it?

4 A I don't believe a program
5 suggested -- the program suggested by
6 Jonathan Sackler, who is now deceased,
7 of course, was implemented.

8 I think over the years
9 Purdue was -- it's my understanding
10 that the company was, you know, very
11 active in looking for ways to address
12 the underlying issues, you know, not
13 limited to chronic pain
14 patient-related issues, but issues
15 related to abuse, misuse, diversion,
16 addiction, overdose.

17 In Jonathan's e-mail, it
18 appears to me he was obviously
19 interested and thinking about novel
20 ways in which we could address these
21 issues in a serious and helpful way,
22 and I just -- I don't believe we
23 pursued item number 7.

24 Q Purdue never offered a
25 program of treatment and counseling

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2 for patients who were prescribed

3 Purdue opioids and developed

4 opioid-use disorder, did it?

5 A Purdue has, over the last

6 two or more years under our corporate

7 social responsibility umbrella,

8 provided substantial support to

9 third-party organizations where that

10 support is geared to funding, you

11 know, treatment, MAT recovery,

12 back-to-work training, and even care

13 for children in the context of a

14 mother or a parent, you know, who is

15 suffering from OUD.

16 But as a national program,

17 no, not in my -- not to my

18 recollection.

19 Q Do you know the reason why

20 Purdue did not implement item number

21 7?

22 MS. IMES: Objection to

23 form.

24 THE WITNESS: I don't have

25 a specific explanation for --

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2 behind the pursuit or
3 non-pursuit of any one of these.

4 What I can say is that
5 we -- by November 4th, 2018, we
6 were in the process, and far
7 down the road, of considering
8 how best to put the company's
9 resources and output to the best
10 possible use to address the, you
11 know, the issues that, you know,
12 rolled up to this public health
13 crisis.

14 And, you know, some of the
15 examples I am certain you are
16 familiar with, but providing
17 free substantial and free
18 generic Suboxone, helping to
19 develop and bring to bear
20 low-cost over-the-counter
21 intranasal naloxone, so it's
22 much more widely accessible
23 without a prescription.

24 And developing a next
25 generation opioid antagonist or

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2 opioid overdose reversal agent,
3 you know, targeted at the
4 current killer which is, you
5 know, which are often synthetic
6 opioids like fentanyl and
7 carfentanil and its derivatives.

8 So this was a matter, to
9 me, of how can the company
10 direct its most -- the most of
11 its resources and apply most of
12 its focus for the greatest good.

13 BY MR. ALEXANDER:

14 Q You are familiar with the
15 term REMS, spelled R-E-M-S, correct?

16 A Yes, I am.

17 Q And in the pharmaceutical
18 context, REMS is an abbreviation for
19 risk evaluation and mitigation
20 strategies, correct?

21 A Yes, that is correct.

22 Q REMS can be used to
23 protect patients and to help ensure
24 the benefits of a drug outweigh the
25 risks, correct?

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2 A That is the basis for
3 determining where REMS is necessary,
4 yes.

5 MR. ALEXANDER: Mr. Suarez,
6 please pull up document MA-11.

7 And Dr. Landau, you have
8 this document in hard copy.
9 This document is public and has
10 no Bates number.

11 THE REPORTER: Landau 9.

12 (Landau Exhibit 9,
13 Information Request Letter, is
14 Marked.)

15 MS. IMES: Sandy, this
16 letter appears to be undated,
17 unless I am missing it. Can you
18 make a representation about the
19 date?

20 MR. ALEXANDER: Yes, Linda.
21 The date appears on the last
22 page of the document. I will
23 get to it in my questions.

24 MS. IMES: Thank you.

25 MR. ALEXANDER: It's a

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2 on Purdue's response to that FDA
3 request, correct?

4 A I think -- I'm sorry. Can
5 you -- I'm sorry. I was thinking as
6 you were speaking. Can I ask you
7 repeat the question? I apologize.

8 Q It's no trouble.

9 There were Sackler family
10 members on the board of directors of
11 Purdue at the time, correct?

12 A Yes.

13 Q The Sackler family members
14 on the board of directors were briefed
15 on Purdue's response to that FDA
16 request, correct?

17 A I think the -- you know,
18 the Sackler members who were Sackler
19 family members who were serving on the
20 board would have been briefed in the
21 context of board meetings where other
22 non-Sackler, you know, independent
23 directors would have been briefed.

24 I hesitate a bit because
25 I'm -- although my memory is vague,

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2 I'm not certain we actually provided a
3 response to the agency. We were
4 certainly working on our response, but
5 I -- I'm not sure we provided a
6 response.

7 Perhaps you have documents
8 to show otherwise.

9 Q Today, is the authority to
10 prescribe OxyContin limited to
11 prescribers who are specially
12 certified?

13 A Sadly not. You know, we
14 had --

15 (Simultaneous Crosstalk.)

16 Q The FDA --

17 A -- I was still speaking --

18 MS. IMES: Mr. Alexander,
19 do not cut off Dr. Landau. He's
20 answering your question.

21 THE WITNESS: What I was
22 saying, just to go back to my
23 response, it's sadly not,
24 despite the fact that Purdue, as
25 a company, along with a variety

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2 of other companies both branded
3 and generic, in the context of
4 what we call the industry
5 working group, you know, formed
6 at the request of FDA,
7 recommended strongly that --
8 that REMS training for
9 prescribers be mandatory, and
10 that mandatory training be
11 linked to the DEA registration
12 and/or recertification process.

13 That was a recommendation
14 made I believe in a public
15 meeting to the combined advisory
16 committees and FDA in 2010, and
17 that recommendation was not
18 adopted by FDA. So the REMS
19 that you see today is a product
20 of what the agency requested of
21 the industry.

22 BY MR. ALEXANDER:

23 Q If you are still the CEO
24 and were running an OxyContin business
25 together in 2021, should we do

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2 anything to promote a requirement that
3 OxyContin be prescribed only by
4 prescribers who are specially
5 certified?

6 A If I were running the
7 business post-emergence, I would work
8 with other sponsors and FDA to
9 implement such a mandatory training
10 system. Not for a single product, but
11 inclusive of one. But for all
12 products.

13 I feel the same way today
14 as I felt in 2010 and the intervening
15 time, that the, you know, oftentimes
16 bad outcomes start with the stroke of
17 a pen of a prescriber. Precisely the
18 reason the industry working group,
19 again, branded businesses and generic
20 businesses, often at odds over many
21 things, recommended strongly that
22 training be mandatory.

23 So I think it would be a
24 smart thing to do.

25 Q As the CEO of Purdue, you,

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2 yourself, have said that one of the
3 causes of the opioid crisis is opioids
4 being prescribed by doctors who lack
5 the requisite training in how to use
6 them appropriately; isn't that
7 correct?

8 A One hundred percent
9 correct.

10 Q A requirement that
11 OxyContin be prescribed only by
12 prescribers who are specially
13 certified could mitigate serious
14 risks, correct?

15 A I would say it could help
16 to mitigate. It's a very good
17 starting point, Mr. Alexander. Proper
18 training. Just like training, you
19 know, for licensure and other -- in
20 other --

21 (Reporter Clarification.)

22 THE WITNESS: In other
23 settings.

24 BY MR. ALEXANDER:

Q A requirement that

UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF NEW YORK

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In re: : Chapter 11
: Case No. 19-23649 (RDD)
PURDUE PHARMA L.P., et al., :
Debtors. : (Jointly Administered)
:-----x-----

Declaration of Craig Landau, M.D., Regarding Deposition Transcript and Errata Sheet

I, Craig Landau, M.D., pursuant to 28 U.S.C. § 1746, hereby declare as follows:

1. I have reviewed the entire transcript of my deposition taken in the above-captioned matter on November 24, 2020, and the Deposition Errata Sheet below provides a list of the changes that I identified and the reasons for making them pursuant to Rule 30(e)(1) of the Federal Rules of Civil Procedure:

Page	Line(s)	Original	Corrected	Reason
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
29	21	"person, physician"	"person, a physician"	Clarification
29	22	"Ellen McCroskey"	"Ellen McCroskery"	Transcription Error
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

Page	Line(s)	Original	Corrected	Reason
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58	2	"subject of which is REMS"	"REMS"	Clarification
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
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Page	Line(s)	Original	Corrected	Reason

2. I declare under penalty of perjury under the laws of the United States that the foregoing is true and correct.

Executed: January 7, 2021
Branford, Connecticut



Craig Landau, M.D.